

# Candidate Information Bulletin



**UTAH**

**Marriage and Family Therapist**

## Examination

- Examination of Marital and Family Therapy (EMFT)

## Licensure Process

Upon completion of all licensure requirements including passing the examination, submit a complete application for licensure to:

By US Mail

### Division of Occupational and Professional Licensing

P.O. Box 146741

Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

### Division of Occupational and Professional Licensing

160 East 300 South, 4th floor

Salt Lake City, Utah 84111

Applications for licensure are available on the Internet at

<http://www.commerce.state.ut.us/web/commerce/dopl/dopl1.htm>

You may also obtain them from:

### Exterior

5486 South 1900 West, Suite C

Taylorsville, Utah 84118

801.355.5009

## Candidates with Special Needs

If you require a special testing accommodation under the *Americans With Disabilities Act* (ADA), please contact Exterior to obtain an Accommodation Request Form. You will be required to submit written verification of your disability before scheduling your examination.

## Registering for the Examination

Candidates for licensure must pass the Examination of Marital and Family Therapy (EMFT).

The EMFT is given on set dates in May and November. Apply to take the examination by contacting:

### Exterior

5486 South 1900 West, Suite C

Taylorsville, Utah 84118

801.355.5009

FAX: 801.355.4008

## EMFT Examination Dates

<i>Registration Deadline</i>	<i>Examination Date</i>
March 24, 2000	May 12, 2000
September 15, 2000	November 3, 2000

## Examination Fees (fees subject to change)

The fee for the Examination of Marital and Family Therapy is **\$250.00**. **Examination fees are nonrefundable and nontransferable.**

## Admission to the Exam

Complete the application for admission to the EMFT examination and submit it by the deadline indicated.

Approximately two weeks before the exam, Exterior will send you an admission letter that will show the specific date, time and location of the exam. In addition, you will receive a test information booklet that covers all facets of the examination.

Those candidates not appearing for their scheduled exam will forfeit all fees. Persons arriving after the exam has started will not be admitted.

If you lose your admission letter, or have not received an admission letter two days before the exam date, **contact Experior by telephone immediately at 801.355.5009**. Please notify Experior and the Division of any change of address. Send notification of change of address to:

**Experior**  
5486 South 1900 West, Suite C  
Taylorsville, Utah 84118  
801.355.5009

#### **What to Bring to the Exam**

Bring your admission letter and a photo identification (such as a driver's license).

Bring at least two No. 2 pencils for marking your answer sheet.

#### **Score Information**

Experior sends national exams to New York for scoring. Upon receipt of individual scores (approximately six weeks after the exam date), Experior mails notices to the state and to all candidates. To insure confidentiality, scores will not be given over the telephone. Score reports will also provide you with information regarding the next step in the licensure process. If you do not pass the exam, you need to reapply to Experior.

#### **Description of the Examination**

The Examination of Marital and Family Therapy consists of 200 multiple-choice questions. You are given four hours to complete the exam.

#### **Practice Domains**

- |            |  |
|------------|--|
| Domain I   | Joining / Assessing / Diagnosis                      |
| Domain II  | Designing Treatment                                  |
| Domain III | Conducting Course of Treatment                       |
| Domain IV  | Establishing and Maintaining<br>Appropriate Networks |
| Domain V   | Assessing Outcome                                    |
| Domain VI  | Maintaining Professional Standards                   |



## APPLICATION FOR ADMISSION TO EXAMINATION

**Examination:** Examination of Marital and Family Therapy (EMFT)

**Fee:** Marriage and Family Therapy **\$250.00**

**Total Enclosed** \$ \_\_\_\_\_

**Print Clearly or Type**

Applicant's Name: \_\_\_\_\_  
Last Name First Name Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Examination Dates and Deadlines:**

<i>Deadline for Exam Registration</i>	<i>Examination Dates</i>
March 24, 2000 September 15, 2000	May 12, 2000 November 3, 2000

**Method of payment: (check one)**

\_\_\_\_ Check      \_\_\_\_ Money Order      \_\_\_\_ Visa      \_\_\_\_ MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required for Credit Card Payment)

Send completed application and fees to:

**Experior**  
5486 South 1900 West, Suite C  
Taylorsville, Utah 84118  
801.355.5009  
FAX: 801.355.4008 (credit card orders only)



## CERTIFICATION OF EXAMINATION ELIGIBILITY

I do hereby certify that I have read the Mental Health Professional Practice Act, and understand the requirements of eligibility to take the Examination of Marital and Family Therapy (EMFT) Examination.

I further certify that I have met all of the educational requirements of eligibility for admission to take the examination, and to the best of my knowledge there is no reason that I am not competent or eligible to take that examination.

Upon passing the required examination, I understand that it is my responsibility to make application for licensure with the Division of Occupational and Professional Licensing and become licensed before I may lawfully practice in the state of Utah as a Marital and Family Therapist. Passing of the required examination(s) does not permit me to engage in or attempt to engage in or advertise in that profession.

**Applicant Name: (please print clearly)**

Last Name	First Name	MI	Social Security Number
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**Certified by:**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Notarization:**

Sworn and subscribed before me, a Notary Public, in and for the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My Commission expires \_\_\_\_\_

Notary Public